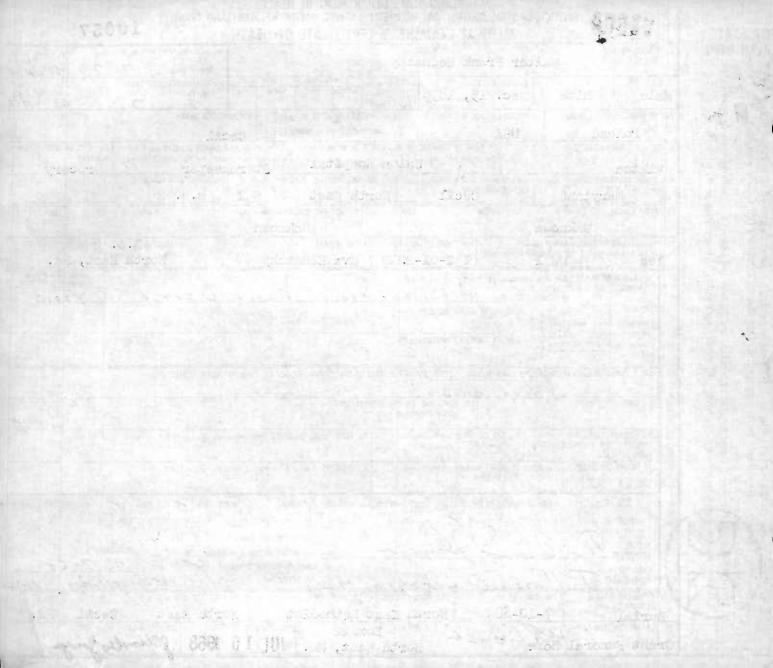
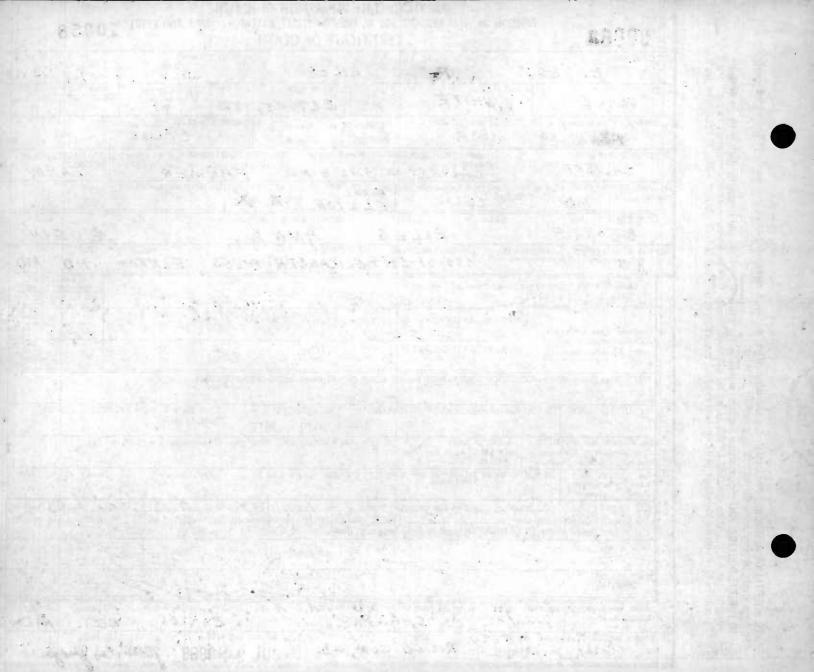
FOD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  1005	ry
FOR STATE	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN (72) Month Day	
· 9 8 5	(Type or Print) Walter Frank Bednasky OF ESTI- DEATH MATED 7- 7	Yeor 2b HOUR Hopers
Bunden	3. SEX 4. RACE 5. DATE OF BIRTH Dec. 15, 1894 6. AGE (In years lest birthday) 15 DAYS HOURS MIN	Yeor 1968 2d HOUR
form P	70. BIRTHPLACE (Stote or foreign Country) Poland USA     Never Married   Never Married   9. Country Of Death	· Mi
	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  INDU	KIND OF BUSINESS OR ISTRY
10 pm	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) Maryland 13b. COUNTY Cecil North East YES NO X R.D. 2	rocery
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Unknown Unknown	Lost
I within 24 n pencil in Examiner's File pages 77 hours	166, WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 117, INFORMANT ADDRESS R. D. 2	
within n pencil Examine File pago	Yes (Yes, no, or unknown) (If yes give par or dates of service) 132-01-2212 Eva Bednasky North Eas	
xecuted with adding in permit Exar permit. File it within 72 it within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Arterioscleratic Heart Disesse	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Me Me	DUE TO, OR AS A CONSEQUENCE OF	YLERS
	rise to immediate cause (a), stating the underlying cause lost.    Stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF	
the value of the the value of the	(c) (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ificate ting the orded to as a ball, and	14200 N. K.	
for for	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18	20. AUTOPSY?  YES NO 4
9E P P O	PRIMARY OR CONTRIBUTING P.M. 19	s.)
3 4 5	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, at work at	unty Stote
A xec for for	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident . Suicide , Hamicide . Undetermined manner	and in my apinian
o DEPUTY CLC necessory, please e the funeral director 5 may be retoined DECT Health prior to bu	CHIEF MEDICAL EXAMINER	
JIY, ple eral digital be returned prior	SIGNATURE / SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY M	7-18
ro DEPUTY necessory, the funero 5 may be 70 FUNERA Health pr	NAME (Type) Tillman D. Johnson M-D. ADDRESS(Street, city, town, or county) 1235, nscr/	
10 He	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Court	nty) (Stote)
L	Burial 7-10-68 North East Methodist North East Cec  24. FUNERAL DIRECTOR P. J. ADDRESS BOX 22 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	
VR A15ME (5) 10M REV, 1/68	Grant Funeral Home North East, Md. DJUL 10 1968 Clearles	Judge



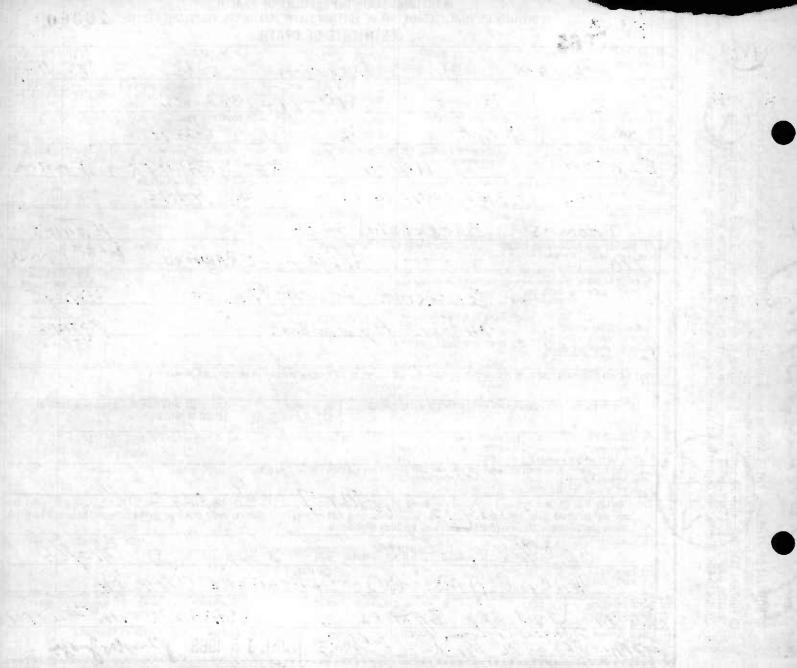
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME (Type or print) ERNEST Middle Lost 20. DATE OF DEATH 2b. HOUR ond in any event, within 72 hours after deoth. BILES R. 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In years last birthday) OCT. 15, 1886 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED PHYSICIAN: The low requires that the death certificate be executed within 24 hal 1 ECIL remove corbon papers. RENN. USA WIDOWED [ DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRYARM give street address RT NURSING HOME during mast at working life, even if retired.) CALVERT 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY ECIL admission) STATE 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle & GORGE BILES QUEIN ANNA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address 122-01-5484 ELIZABETH BILES Yes, no Joyenknawn) ·ELKTON 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) \_\_\_ signed by the burial-tronsit Conditions, if any, which gave ) rise ta immediate cause (a), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been for use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES 🗀 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram \_\_/ \_\_\_\_\_, 1954, ta\_\_\_\_ 7.19 , 19 C & , that (1) (we) last saw the deceased alive an 7.15 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRFCTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, GREMATION 23b. DATE (County) (State) REMOVAL (Specify) SHARP ELKTON 24. FUNERAL DIRECTOR RALPH M. REEO **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 RISING SUN, MD. m. Ered



	MARYLAND STATE DEPARTMENT OF HEALTH	
0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0059
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		Doy Yeor 2b. HOUR
loy is Poge	(Type or Print)  OF ESTI-  OF ESTI-  OF ACIE  OF ESTI-	6 196810:45
Po Po	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HPS 2c. DATE PRONOUNCED DEAD	2d. HOUR
A3 nde	Male White August 3, 1941 26 YRS. MONTHS OAYS HOURS MIN Month Doy	6 Year 1968 10:4%
	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TINEVER MARRIED 7 9. COUNTY OF DEATH	70 110 110
es 1, form te De	Coursenick, W. Va. U.S.A. WIDOWED   DIVORCED   Cecil	Md
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12)	2b. KIND OF BUSINESS OR
ofter death  8. Give Pages olong with for with the Stote leath.	Elkton give street oddress)  ### Brion Hospital dyring most of working life, even if retired.)	NOUSTRY. Hospita
	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	odmission) STATE Md. 13b. COUNTY ChesapeakeCitys No D Box 164, Che	apeake City
hours Item 1 Office 1 ond 2	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	lost
	Tillman Boyce Maude Ellen	Long
	160_WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (It yes give wer or dates of service) 2.4.9.4.0.4.7.7.2.	
This certificate should be executed within cate, writing the word "pending" in pencil be forwarded to the Chief Medical Examinate be used as a burial-transit permit File page or removal, and in any event within 72 hour	(1 tes, na, of unknown) (It yes give wer or dates of service) 218-40-4739 Mrs. Betty L. Boyce, (hesapeake)	ity, Md.
ecuted ing" in edical R ermit: F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ld be executer rd "pending" Chief Medical transit permit	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Craniocerebral injuries	
be exemined Me	DUE TO, OR AS A CONSEQUENCE OF	
hief ansi	Canditions, if any, which gave rise to immediate cause (a), (b)	
world world the Ch rial-tra	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
IER: This certificate should be e certificate, writing the word "per lould be forwarded to the Chief I es. should be used as o burial-transit ion, or removal, and in any event	last. (c)	
s certificate slee, writing the forwarded to used as o but emoval, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fing fing rrde as al, c	8194	
is certifi te, writir forward e used a removal,	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?
his ate, ate for the form		YES XX NO
# _ P	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR *** 121b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR *** 121b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 18.)
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XAM the the tyour your crem	mate   not mate   st	ecil Md.
CAL EXAMINER: execute the certifor. Poge 4 should do for your files. CTOR: Page 3 shou buriol, cremation,	22a. I certify that I taak charge of the remains desgribed above, held an AutopsXX, Inspection , Inquiry ,	and in my apinian
JICAL E	death resulted fram: Natural caoses [], Accident KX, Suicide [], Hamicide [], Undetermined manner [	
please direct retaine DIREC	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE	GNED
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TO DEPUTY necessary, p the funerol 5 moy be re TO FUNERAL Health prio	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
01 = 4 = 01 = 4	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	County) (Stote)
	Burial July 20, 1968 Bethel Cemetery Chesapeake City, (	ecil, Md.
OR	24. FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 5 SH	SNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH 10060 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAM Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours after MONTHS DAYS 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) WIDOWED 🔀 DIVORCED [ 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired INDUSTRY and in any event, with 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? NO X YES YONE 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle and BUCKWORTH HOMAS physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no\_or unknown) CRAWFORD burial, cremation, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave HRONCC rise to immediate cause (a). DUE TO, OR stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark of wark O HOSPITAL OR ATTENDING PH Page 4 may be retained by the 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an LILLY 12 \_1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (State) (County) ETHEL FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 🕺 🛭 🖯 🖰 🔞 CERTIFICATE OF DEATH . DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Yeor Ira M. Cameron July. 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 hours after ban papers. Pages I within 72 hours after npletely filled in by the land carban papers. Pages last birthdoy) MONTHS HOURS 1894 Male White Sept. 15. 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland WIDOWED X DIVORCED [ USA Cecil 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.)
Blacksmith **INDUSTRY** Elkton Union Hospital Horses 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? STATE Maryland 13b. COUNTY 6 Beech St. YES 🔽 NO [ Cecil North East anv 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First First Lost and Lost Anna M. Lockard Ira. M. Cameron 0 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address R.D. 2 Yes, no, or unknown) (If yes give war or dates of service) 214-20-0941 North East, Md. Omar H. Cameron or remaya Yes 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY burial-transit permit. arcinoma 20 months IMMEDIATE CAUSE (o crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES NO D 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from. / Van , 1967, ta 22 July \_19 🚱 , and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive an. shauld causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS HUEBNER NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) North East Methodist Cecil North East Md. Buria ADDRESS BOX 22 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

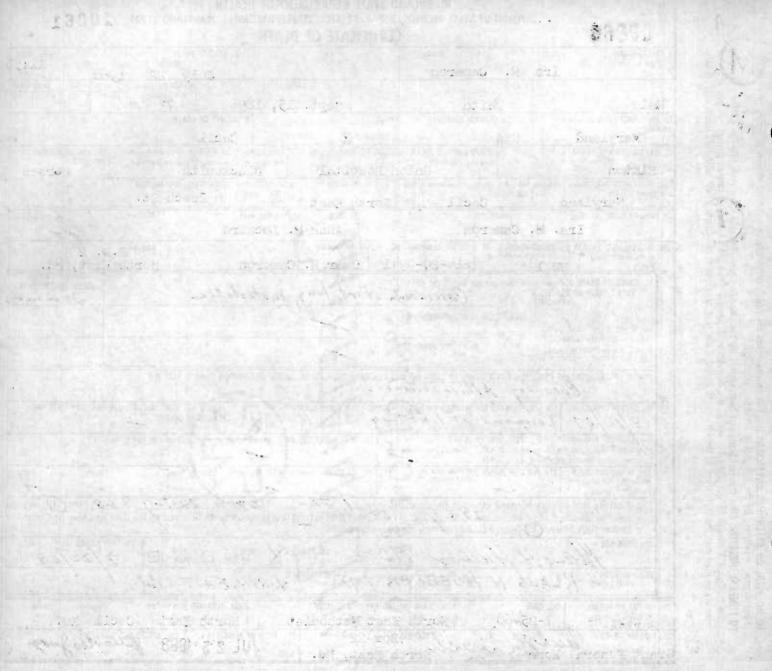
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2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	63
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month D (Type or Print) OF FSTI-	oy Yeor 2b. HOUR
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ny delo	Male White 4/10/14 54 YRS	Year 19 68 1 - 20
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)	
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hin 24 ncil in niner's poges hours	Joseph Cichacki Pietronella Kov  160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT ADDRESS	valewski
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L EXAMINER: ecute the cert Poge 4 should or your files. R:Poge 3 should, cremation,	AT WORK AT WORK	
- 5 d o 5 ii	22a. I certify that I taak charge af the remains described abave, held an Autapsy XX Inspection , Inquiry ,	and in my apinian
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ry, I eral be r RAL prid	SIGNATURE ASSISTANT MEDICAL EXAMINER 220. DATE SIGNATURE	
DEPUTY DICAL EXAM sessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem	NAME OF A	10, 1968
o DEPUTY SICA necessory, please extra the funeral director. S may be retained o FUNERAL DIRECTOR Health prior to bur	Edward F. Wilson, M.D.	ounty) (State)
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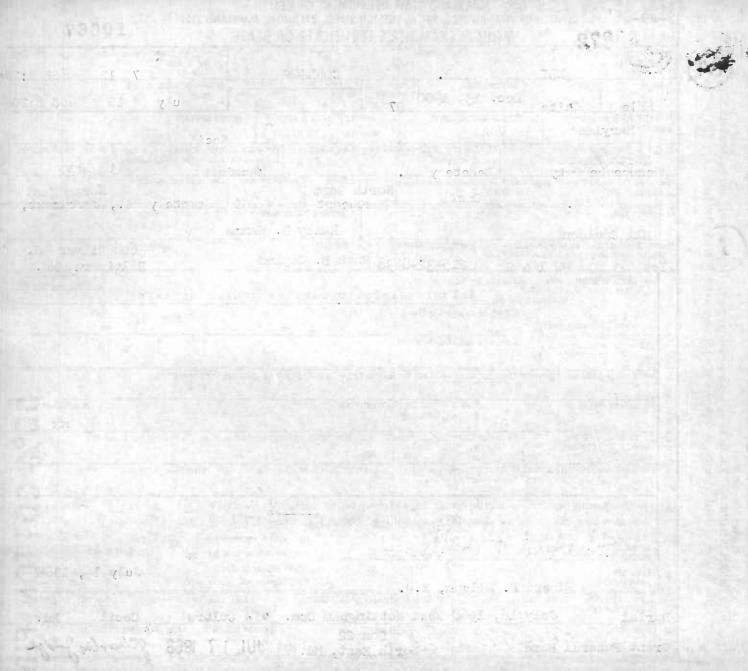
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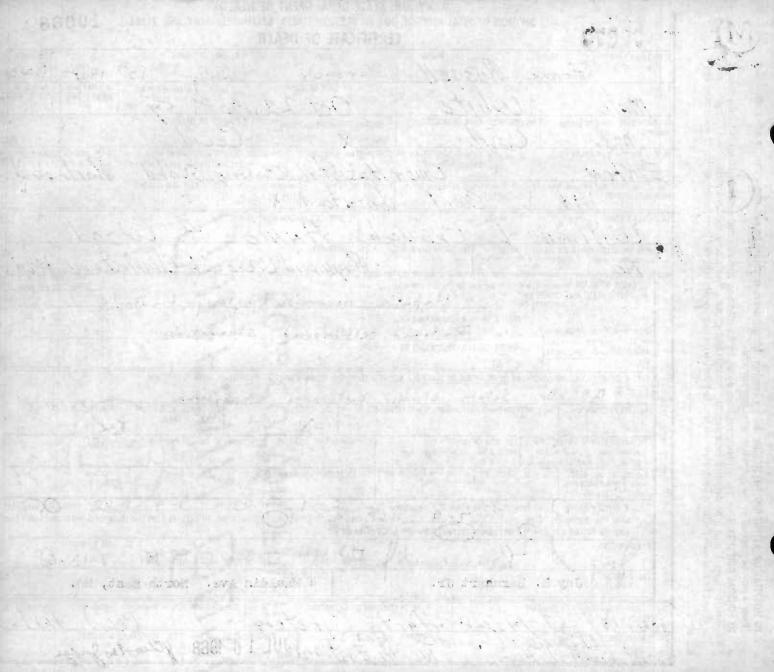
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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	57
HEALTH DEPT	1. DECEASED-NAME First Middle Lost 20 DATE KNOWNED Month Day	Yeor 2b. HOUR
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200	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
2, and 3 to PM3. Page	Male White Dec. 13, 1900 (lest birthday) (ANTHS DAYS HOURS MIN. Month July Doy 13	ar 1968 8:20m
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ICAL E exector. Pa for CTOR: burial,	220. I certify that I took charge of the remains described above, held on Autopsy 💢 Inspection 🗍, Inquiry 🗍, o	nd in my opinion
ctor ctor	death resulted from: Notural causes 🖾 🚶 Accident 🗌 , Suicide 🗍 , Homicide 🗍 , Undetermined monner 🗍	
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UITY DICA ITY, please e eral director be retained RAL DIRECT priar to bu	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED	
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5 7 4 5 0 4	DEMOVAL (Consider)	
	Burial July 16, 1968 West Nottingham Cem. Colora Cecil  24. FUNERAL DIRECTOR  ADDRESS Box 22  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	Md.
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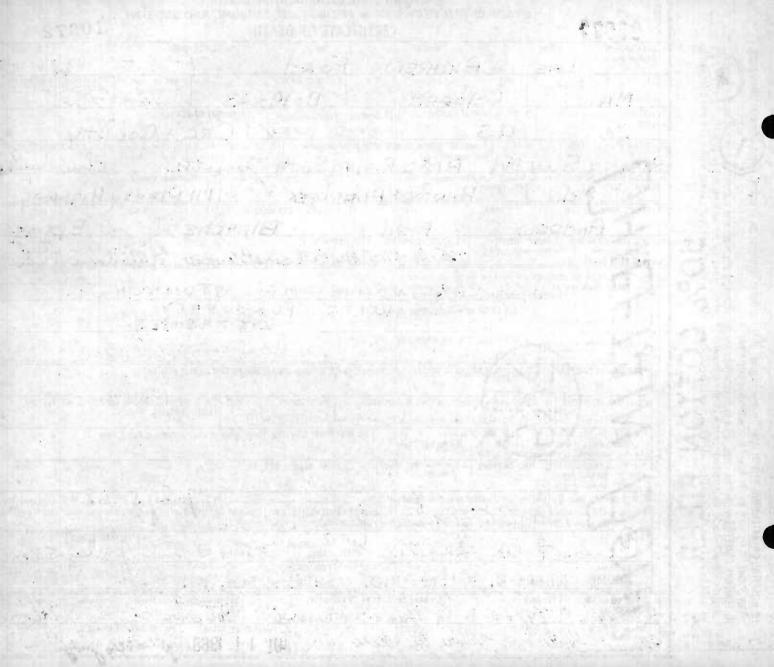
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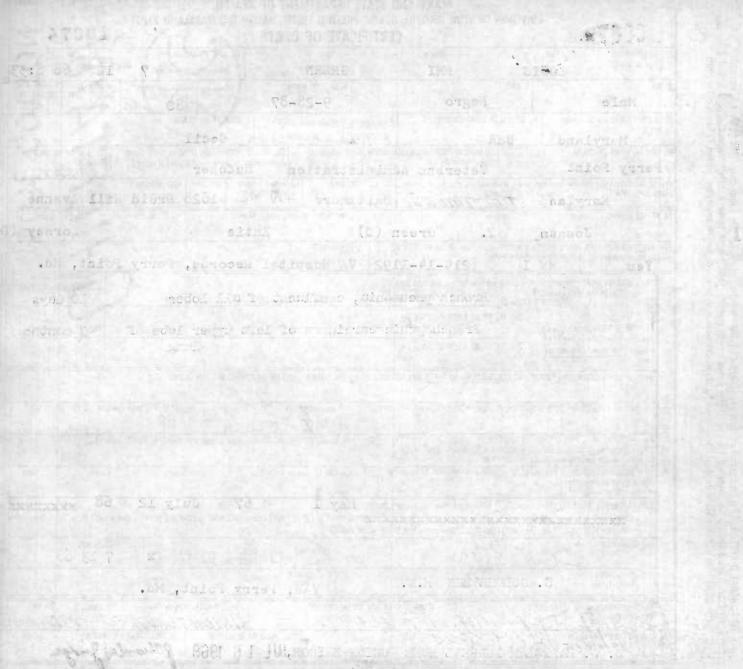
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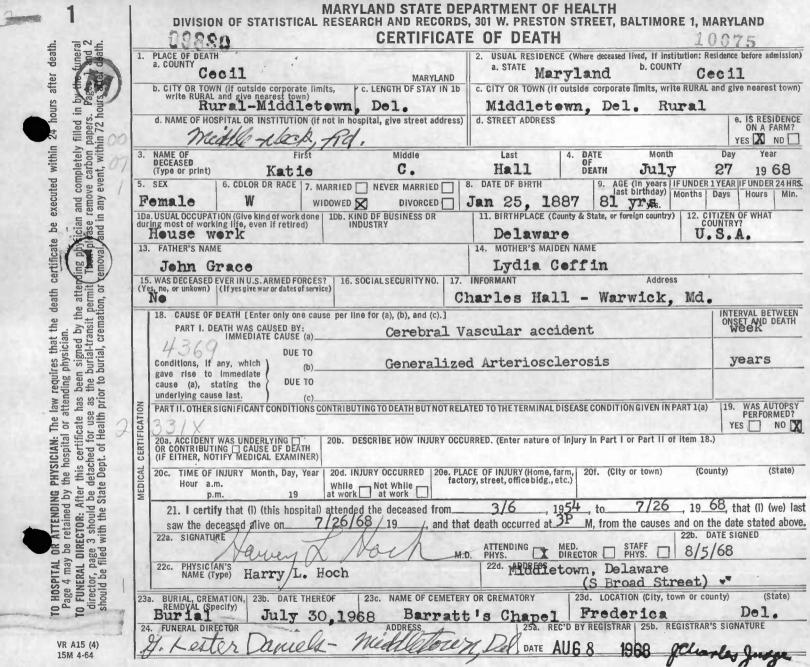
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he death certific attending phys permit. Then ian, ar remaval	F		ROXIMATE INTERVAL
ath adine it. 1		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARCINOMA OF STOMACH.	EN ONSET AND DEATH
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t the the sit p		Conditions, if any, which gave rise to immediate cause (a), (b) METASASES.	
tha lan. by tran cren		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	III DANKA
requires that the physician. signed by the burial-transit purial, cremation	Н	last. (c)	
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The atte has se a th pi		CARCINOMA OF STOMARH YES NO CAUSES OF DEATH?	
AN:   ar   ar   ar u		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2 Item 18.)	
SICI/ Spita spita	MEDICAL	(If either, natify medical examiner) P.M. 19	
HY has is ce tache	×	21d. INJURY OCCURRED While Not while at wark at wark at wark	State
de de la company		at work at work 10 (this basnital) attended the despeed from 10 to 0.0 (10 / V the	m
Affred by Affred be Stee Stee		22a. I certify that (I) (this haspital) attended the deceased fram 19 , 19 , ta saw the deceased alive an 19 dand that in (my) (aur) apinian death occurred on the date and has	ur and fram the
TITE dine dine nauf h th	1	causes stated above, (1) (we) faile) (ald not) view the body after death.	
RECI 3 sl	н	22b SIGNATURE  22b SIGNATURE  DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DI	e^ 010
At 0 Iy be I DI age filec		22d. PHYSICIAN'S 22e. ADDRESS	2,1761
ERA Gar, F		NAME(Type) Ernest W. Seiter M.D. Rising Sun, Md.	
POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carb shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event,	23a	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
5 5 5 p.	6	REMOVAL (Specify) 7/9/68 Wilkerson memorial Petersburg	Va
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR BURDORK House De Stale, Med 250. REC'D BY REGISTRAR 256. BEGISTRAR'S SIGNATURE	
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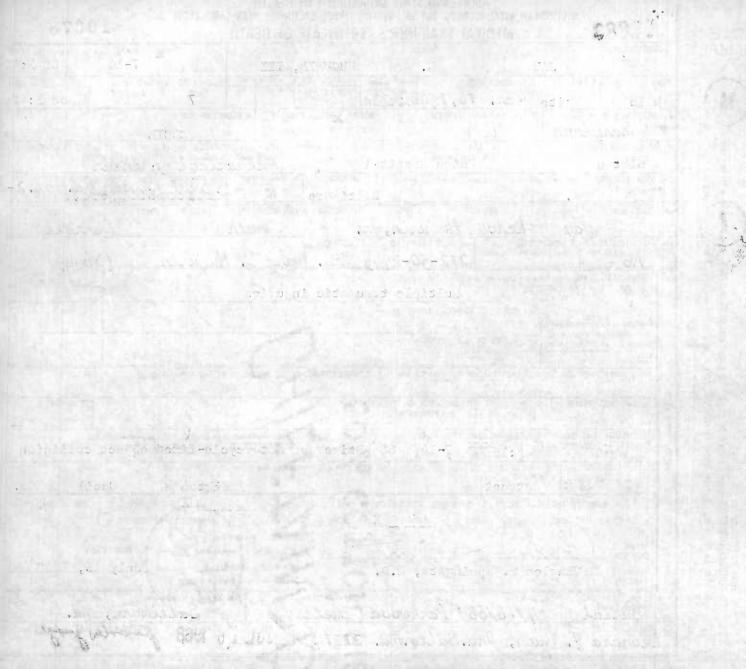
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10076 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost First 2o. DATE OF DEATH certificate be executed within 24 hours after death (Type or print) Linnie 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR and campletely filled in by the fremave carban papers. Pages last birthday) MONTHS DAYS Female Cau. YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 11SA WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Housewile 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE 13b. COUNTY NO [] 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Summer Moore please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Unknown no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH reauires that the death permit! 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) burial-transit cremat rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed b PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗌 YES 🗔 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while ot work ot work 220. I certify that (1) (this hospital) attended the deceased fram Jones, 1948, ta 7-7 saw the deceosed olive on 19 and thot in (my) (our) opinion deoth occurred on the dote ond hour and from the couses stated above, (I) (we) (did) (did nat) view the body ofter death. be retained 226 SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF director, page 3 DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Richards Port demait 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) VR A15 (4) 30M REV. 1/68 1968 Lee A. Patterson & Son. Perrivil

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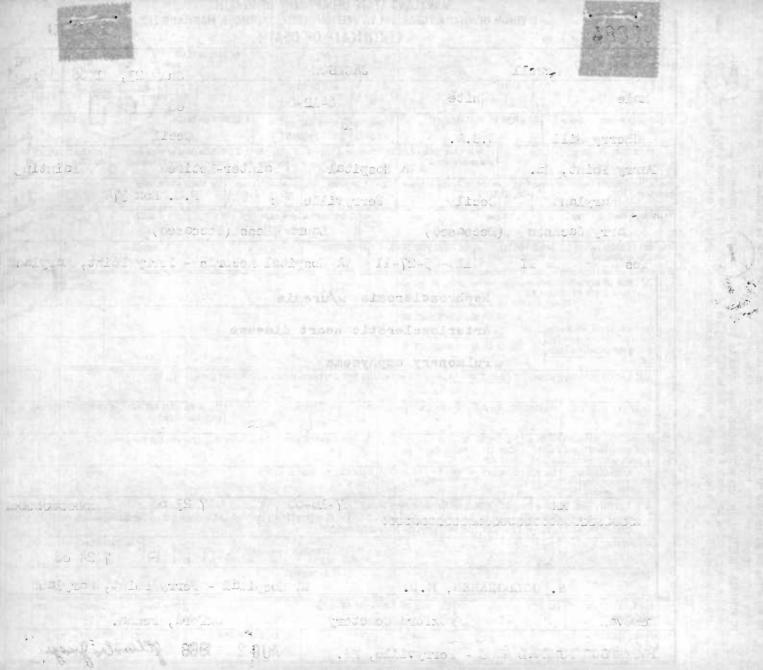
MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR he funeral ges 1 and 2 after death. 24 hours after death Doy 1966 (Type or print) Month 21 2:30 Helen Hopkins Elizabeth 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNOER I YEAR IF UNDER 24 HRS. last birthdoy) MONTHS DAYS HOURS 1/8/1910 Female White YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Delaware U.S.A. WIDOWED IX DIVORCED [ Cecil County ond completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done and in any event, within 12b. KIND OF BUSINESS OR requires that the death certificate be executed within remave carbon p give street oddress) during most of working life, even if retired.) Elkton Fire Works Assembly Line 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 134 West High Street 13b. COUNTY Elkton YES -4 NO [ Ceci Middle 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Bratton John Brown Sara attending physician permit Then please 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) Mary Ann Hopkins (Daughter) Same remoyal APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Vascular Accident Cerebral -Davs permit IMMEDIATE CAUSE (o) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF (onditions, if ony, which gove) Carcinoma of Breast with Metastasis 6-Months burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the haspital or attending has been be detached for use as the State Dept. of Health priar ta 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while ot work 22a. I certify that (I) (this this tital) attended the deceased from sow the deceased glive on 19 00 a 7/201 1900 ta 19 60 and that in (my) (504) apinion death occurred on the date and haur and from the sow the deceosed olive on causes stated abave, (I) (we) (did) (did not) view the bady after deoth. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 22/68 DEGREE director, page shauld be filed 22e ADDRESS PHYSICIAN'S James 22d. Johnson M.D. HighSt., Elkton Cevil Md. East 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o. BURIAL CREMATION DURIGHT (Specify) 1968 All Saints ( 0 Kirkwod Hury New (astlas emeterii 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Elkton, Mo DATEJUL 1968 24 30M REV. 1/68

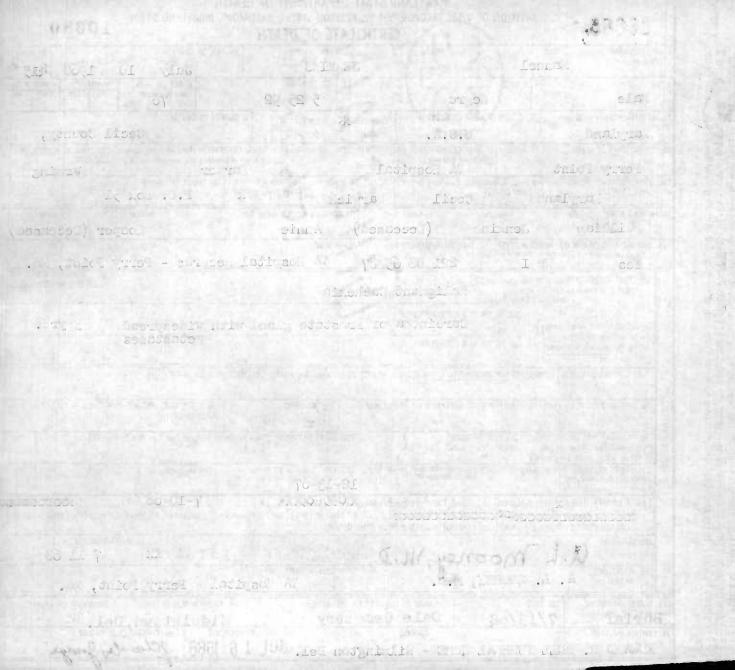
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10078 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Month Day 2b. HOUR Yeor (Type or Print) 1068 3:42 Page JAY HUGUNIN, III 7-14 To DEATH MATED delay 4. RACE 6. AGE (In years last birthday) IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR and Mar. 1946 x232 785 3:42M Male White 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED | DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Hospital dulying most af wasking life, even if retired.) INDUSTRY E1kton Mechanical (ngineer 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET\_AND NUMBER. admission) STATE 136. COUNTY Md. YES DO Baltimore 24 hours in Item 1 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hugunin. erou. arrol Examiner 66. SOCIAL SECURITY NO. be executed within pencil 17. INFORMANT ADDRESS (Yes, no grunknown) (If yes give war or dates of service) 212-50-2995 Mrs. Mary within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple traumatic injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise ta immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES 🗍 NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING cremation, Driver of motorcycle-fixed object collision 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.)
Street 21f. LOCATION Street or R.F.D. No. City or Town County State FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Elktonle Cecil Md. 220. I certify that I taak charge of the remains described above, held on Autopsy , Inspection X, Inquiry ond in my opinion Suicide deoth resulted from: Notural couses Accident X. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER July 15, 1968 Charles S. Springate, M.D. 5 may 70 FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Parkwood (emetery Baltimore. Md. 250. RECID BY REGISTRAP 468 25b. J. Ruck, Inc. Balto. Md. 24. FUNERAL DIRECTOR VR A15ME (5)



1		0000:	DIVISION OF VITAL RECORDS,	301 W. PRESTON S			0070
		24684		CERTIFICATE OF	FDEATH	30	19019
depm.		ECEASED-NAME First Type or print) Jew	Middle ell	JACKSON	20.	DATE OF DEATH  Month Day	Year 2b. Hour 1968 9:00 M
	3. SI	X Male	4. RACE White	S. DATE OF 6-12	BIRTH 2-00	6. AGE (In years last birthday)  68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	70. cau	ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M. WIDOWED DIV	ARRIED 9. COL	UNTY OF DEATH  Cecil	
23		Cherry Hill W CITY OR TOWN OF DEATH Perry Point, Md	11. NAME OF HOSPITAL OR IN		120. USUAL OCC	UPATION (Kind of work done warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
07	13o. adm	USUAL RESIDENCE (Where deceosed ission) STATE Maryland	d lived, if institution: Residence before 13b. COUNTY Cecil	Perryville		P.O. Box 3	
1	14.	FATHER'S NAME First Harry Jackso	Middle Lost		MAIDEN NAME First	Middle (Deceased)	Lost
	16a.	WAS DECEASED EVER IN U.S. ARME (es, no, or unknown)  (es, no, or unknown)  (b)  (lif yes give wor	D FORCES? To dates of service) 118-05-27		spital Reco	Address ords - Perry P	oint, Maryland
		PART I. DEATH WAS CAUSED IMMEDIAT  Canditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last.	OTHER COURSE OF THE PROPERTY O	rosis w/ure erotic hear emphysema	t disease	ON GIVEN IN PART 1(a)	BETWEEN ONSET AND GEATH
2	CERTIFICATION	4200	ONDITION FOR WHICH OPERATION WAS PE		TOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Month Day Year P.M.	9		e of injury in Port 1 or Port 2, 1	Item 18.)
	ME	21d. INJURY OCCURRED 21e. P While Not while at work	PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LOCATION Str	reet or R.F.D. No.	City or Tawn	Caunty State
		220. I certify that (the this saw the deceased all couses stated above,	hospitol) ottended the deceos (i) (we) (djd) (did not) view the	ed from 7–18- 9 and thot in ( body after deoth.	_68, 19, my) (our) opinion (	death accurred on the da	te and haur and fram the
		22b. SIGNATURE	very	DEGREE PHYS.	LI DIRECTO	R STAFF 22c.	PATE SIGNED 7 24 68
1			GOLDGRABEN, M.D.			l - Perry Poin	t, Maryland
		BURIAL, CREMATION, 23b. DA	27-1968 Oxford	CEMETERY OR CREMATORY Cemetery		LOCATION (City or Town) Oxford, Penna	
4) /68	24.	FUNERAL DIRECTOR	AL HOME - Perryvi	lle. Md.	DATEAUG 2		SIGNATURE CONTRACTOR





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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10082 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-FRANCIS COURTNEY delay is and 3 ta M3. Page KEEN DEATH MATED X 1968 IF UNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years last birthday) IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2, and PM3. P with the State Department Month 3-14-52 Male White 16 YRS TILLY 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH alang with farm country) WIDOWED I DIVORCED [ USA Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Woods near Colora, Md. during most of working life, even if retired.)
Student INDUSTRY Chesapeake City 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? after death. 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO 241 Orchard Road Paoli lond 2 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Marcia Newsome D. Francis Keen haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, ar unknown) (If yes give war or dates of service) Francis D. Keen Same APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: rd "pending" Chief Medica IMMEDIATE CAUSE (0) Cyanide Poisoning DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES EX NO T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, 7-20 19 68 Took cyanide CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, affice building, etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK woods Colora, Ceci1 Md. Near 220. I certify that I took charge of the remains described above, held on Autopsy [x], Inspection , Inquiry ond in my opinion death resulted from: Natural couses . Accident . Suicide X Homicide [ Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED July 22, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health NAME (Type) Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 7-25-68 St. Peters in Great Valley Poli Pa. Burial 24 FUNERAL DIRECTOR

H.W. Jenkins & Sons Co. 4905 York Rd., Balto UL 25 1968 25b. REGISTRAR'S SIGNATUR VR A15ME (5) 10M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH

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/ 1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10	084
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	
oy is 3 to all of de	(Type or Print)  SOLOMON  KING  OF ESTI- DEATH MATED  July 2	2 1968 p 2 A
del del	3. SEX Male Negro  Male  Megro  Month  Month	Yeor 1968 2d HOUR 5 26 N
2, 2, Pp	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	170812011
hours ofter death of them 18. Give Poges 1, Office olong with farm 1 and 2 with the State De offer death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b.	KIND OF BUSINESS OR
hours ofter death tem 18. Give Pog Office olong with and 2 with the Sta offer death.	Elkton give street oddress)  IIndoon Hospital during most of working lite, even if retired.) INDU  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE  13b. COUNTY  No. 13c. STREET AND NUMBER  13c. STREET AND NUMBER  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER  13e. STREET AND NUMBER	
hours often 18. Gi Office olong land 2 with	Det. Newark 15 10 400 Wolfoston AV	e. Apt. D-3
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  Richard King Amy King	Last
within 24 pencil in xaminer's responses 72 Hours	16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) 1900 war or doles of service) 408-52-9821 Ethel King-400 Wolloston A	ve.,Nwk.
D. E. M.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in hief Medical E onsit pervir.	8/2 O IMMEDIATE CAUSE (o) Multiple injuries  DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF	
sho ne w to th buric	last. (c)	
This certificate should cote, writing the word be forwarded to the Ct be used as o burial-transfer removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
te, writin forward te used as	196. CONDITION FOR WHICH OPERATION  7-22-68  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  Injuries  216. EXTERNAL CAUSE WAS  216. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18	20. AUTOPSY?
L p	7-22-68  Tnjuries  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18	YES X NO
# p = .	PRIMARY   OR CONTRIBUTING   3:00 P.M. 7 22 19 68   Driver in auto-auto collision	14)
	21d. INJURY OCCURRED   21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)   21f. LOCATION Street or R.F.D. No.	unty State
L E cecu	220. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🗍, Inquiry 🗍,	ond in my opinion
Se esternant ned ned burned burned	deoth resulted from: Noturol causes, Accident _k, Suicide, Homicide, Undetermined monner	
o DEPUTY SICAL EXAM necessary, please execute the the funerol director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health prior to burial, crem	ACTUAL  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE SIGNE	ED .
o DEPUTY, the funerous be some be successful to the funerous be successful to the su	EXAMINER'S DEPUTY MEDICAL EXAMINER July	23, 1968
ro DEPUT necessary the funer 5 may be 0 FUNERA Heolth p	NAME (Type) Werner W. Spitz, M.D. ADDRESS(Street, city, town, or county)	A
7 1 2 1	230. BURIAL, (REMATION, BEMOVA! (Specify) 7/27/68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (Cour. BEMOVA! (Specify) 7/27/68 Gracelawn Memorial Park, Wilmington, D	
VD 43545 (5)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL	
VR A15ME (5) 10M REV. 1/68	Calup. Bell- 909 Poplar St., WILM. LIPATE JUL 26 1968 pellanla	o judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10085 09890 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH (Type or print) July Kist Rudolf burial, cremation, ar removal, and in any event, within 72 hours after S DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) CIAYS HOURS Jan. 28, 1884 White Male 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 has (Germany and completely filled in tremove carban papers. USA WIDOWED DIVORCED Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind af wark dane 12b. KIND OF BUSINESS OR give street address) Union HOOD Canning Elkton Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY YES NO R.D. 5 Cecil 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle Last Louie Kist Unknown 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address R. D. 5 Yes, na, ar unknawn) NO (If yes give war or dates of service) 222-05-2077 D. Kist Mary Elkton, Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE PLEURAL CFFUSION LEFT permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave ) Pneummia rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar ta FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO T YES 🗌 far use directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn State Caunty While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 1966, 19, to faster, 19, that (I) (we) lost sow the deceased alive on 3 7007, and that in (my) (1904) opinion death occurred on the date and hour and from the sow the deceosed olive on 2 Tucy couses stoted obove, (1) (we) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Elkton Medical Park, Elkton, Md. Robert L. Gray 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burlal (Specify) 7-6-68 North East Cecil Md. 0 North East Methodist 25a. REC'D BY REGISTRAR ADDRESS Box 22 24. FUNERAL DIRECTO VR A15 (4) 30M REV. 1/68 North East, Md. Grant Funeral

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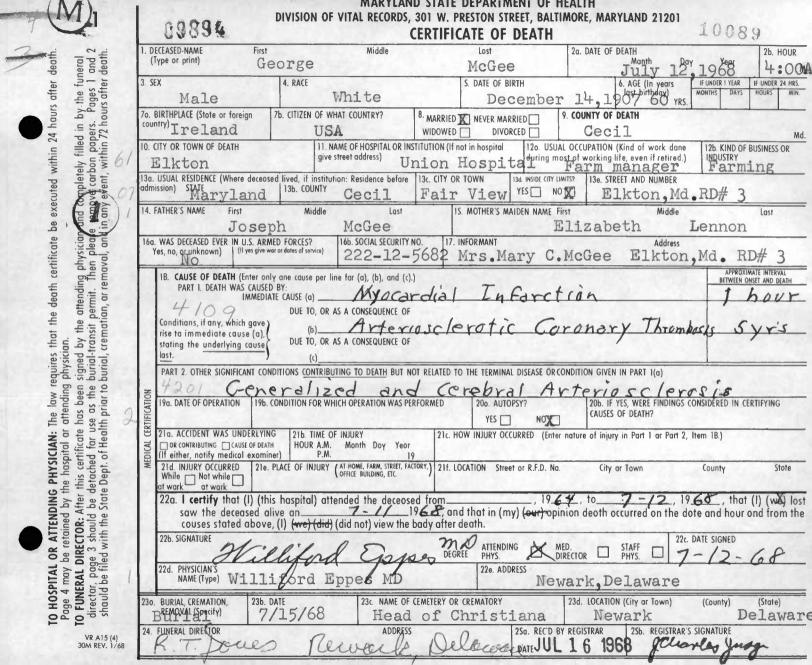
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	19891		301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH		10086
	DECEASED-NAME First	Middle	Lost	2g. DATE OF DEATH	2b. HOUR
	(Type or print)  Alia		Kline	Manth	Doy Year 1:16 A
3. :	Female	4. RACE White	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
1			Oct. 1, 1892	75 YF	is.
19	Ekton, Md.	b. CITIZEN OF WHAT COUNTRY?  U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH (ecil	
/ 10.	Elkton	11. NAME OF HOSPITAL OR INS give street address) Hospi	TITUTION (If nat in haspital during m	AL OCCUPATION (Kind of work dor rost of working life, even if retired Tousewife	
13c adr	USUAL RESIDENCE (Where deceosed nission) STATE	lived, if institution: Residence befare 13b. COUNTY (ecil	13c. CITY OR TOWN 13d. INSIDE CITY UYES N	IMITS? 13e. STREET AND NUMBER 0 ☐ 115 South S	treet
14.	FATHER'S NAME Benjamin	Middle Whiteve	in Is. MOTHER'S MAIDEN NAME	Pary Middle	Simmons
16-	o. WAS DECEASED EVER IN U.S. ARMEL Yes, no, ocupaknown) (If yes give war			Kline, 115 South	St, Elkton, Md.
	1B. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED I	CAUSE (a) Artioscle	rotic Heart i	156056	Years
13	14/07	DUE TO, OR AS A CONSEQUENCE OF			
43	Canditians, if any, which gave rise to immediate cause (o),	(b)			
	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
14 6		ITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
2	4000				
CERTIFICATION	190. DATE OF OPERATION 196. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	CALICEC OF DEATHS	S CONSIDERED IN CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examine)	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M.	21c. HOW INJURY OCCURRED (Enter	r nature of injury in Port I or Port	2, Item 18.)
MED	21d. INJURY OCCURRED 21e. Pl While Not while at wark at work	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. No.		County State
	22a. I certify that (I) (this	hospital) attended the decease	d fram 15 - 14- , 19	1. to 7-25.	1965, that (1) (we) 1
	saw the deceased aliv	/e an 7 - 8 5 - 1	od fram, 19, 19, 19, and that in (my) ( <del>our)</del> appody after death.	inian death accurred on the	date and haur and fram t
	22b. SIGNATURE	(i) (iii) (iii) (iii) (iii)		2	2c. DATE SIGNED
	Vialle	a J. Hunga	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	MED. STAFF DIRECTOR PHYS.	7-26-68
	22d. PHYSICIAN'S NAME (Type)	an D. Schuse.	n M.D 22e. ADDRESS	werly As.	Elklon
23	BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
2.	BEMOVAL (Specify)  FUNERAL DIRECTOR	127, 1968 Elka	ton (emetery 250. REC'D,1	Elkton  BY REGISTRAR L256. REGISTRA	Cecil Md.
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	funeral and 2 death.			Davi		Reed	IV	ahoney			Manth Ty	25,	1968	11:30
	fer fer	3. 5			4. RACE			S. DATE OF BIRT		6.	AGE (In years	MC		F UNDER 24 HRS. HOURS MIN.
	s af a		Male			ite		May 28	, 1897			YRS.		
	- à à 6	7a.	BIRTHPLACE (State a	r fareign		WHAT COUNTRY?	8. MARRIE	NEVER MARRI	CU_	UNTY OF DEA				
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	ecut	_	Wary Ian		13b. COUNTY			novast		R	D.# 2			
	× z = ×	14.	FATHER'S NAME	First	Middle	La	st	IS. MOTHER'S MAIL			Midd	lle		Last
	a C. a. a			Reed		Maho	ney		Ali	се		4	Donou	zh
	sici on , an	160	. WAS DECEASED EVE	R IN U.S. ARM   (If yes give w	IED FORCES? ar or dates of service)	16b. SOCIAL SECU	RITY NO. 17	. INFORMANT		2 2	Addre	4 6 6	D. 2	
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	phy phy sign buri		PART 2. OTHER SIG	INIFICANT CON	DITIONS CONTR	BUTING TO DEATH B	JT NOT RELATED		DISEASE OR CONDI	TION GIVEN IN	PART 1(a)	cu i	D Coro	nary
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	OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifice je 3 should be detached fa led with the State Dept. of H	WED	21d. INJURY OCCU	PRFD 21e	PLACE OF INJUR			LOCATION Street	ar R.F.D. Na.	City ar	Tawn		Caunty	State
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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4	77	ngag Certificate of Death	10090
EN A	1. D	ECEASED NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
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ter fe	3. SI		FUNDER I YEAR IF UNDER 24 HRS.
urs after y the Pages urs aft		MALE WHITE MARCH 17, 1898 lost Lithday) YRS. M	ONTHS DAYS HOURS MIN.
by Py	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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within 24 hours aft sly filled in by the oon papers. Pages within 72 hours aft	1D. (	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during Aget of working life, eyen if citized.)	12b. KIND OF BUSINESS OR INDUSTRY
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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the hospital or attending physician. The hospital or attending physician within a certificate has been signed by the attending physician and completely filled in by the function this certificate far use as the burial-transit permit. Then please remained for use as the burial, cremation, or remained, and in apy event, within 72 hours after death the prior to burial, cremation, or remained, and in apy event, within 72 hours after death the prior to burial, cremation, or remained, and in apy event, within 72 hours after death the prior to burial, cremation, or remained, and in apy event, within 72 hours after death the prior to burial, cremation, or remained, and in a prior to burial, cremation, or remained.	adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CECIC ELUTON YES NO 166 LANDIA	VG CANE
be exected and care removed in appy	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
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cate plead	160	N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, grunknawn) (If yes give war or dates of service)  7 18-01-9444 Hr EN M RUTH	- WIJ
ertificat physic pen ple aval, a		1/8   1/0 UT / 1/16   / ECC / / C// - 181   EC / (1)	APPROXIMATE INTERVAL
ing the mem		IB. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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the at per		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)	Years
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equires that the death rephysician. signed by the attending to burial-transit permit. The burial, crematian, or remo		stating the underlying couse   DUE 10, OR AS A CONSCIUENCE OF   C. V. D.	years.
quir phys signe surio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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endi endi s be as t as t	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
The aff	RTIFI	YES NO M CAUSES OF BEATITE	
AN: al ol icate far t		21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Yeor	m 1B.)
SICI Spit spit errif ed ded : af	MEDICAL	(If either, notify medical examiner) P.M. 19	Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached far use as the burial-transit permit. Then should be filed with the State Dept. af Health prior to burial, crematian, or remayal		21d. INJURY OCCURRED While Nat while at work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na.  City ar Town	County State
NG the ter trate date	18	22a. I certify that (1) (this haspital) attended the deceased fram 6 78, 1968, ta 1-21, 196	g, that (I) (we) last
ND Sed bed bed bed bed bed bed be Sed by the Sed bed bed bed be sed bed bed bed bed bed bed bed bed bed b		saw the deceased alive an 7-23 1968, and that in (my) (aur) apinian death accurred an the date	and haur and fram the
TOR TORNEY TO		causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22c. DA	TE SIGNED
OR ATTENDING be retained by the IRECTOR: After e 3 should be d ed with the State		Juis MD DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 7	- 29-68
AL AL Dogge by file		22d PHYSICIAN'S LILIS M. CUZA, M.D. 22e, ADDRESS	
ro Hospital Page 4 may O Funeral i director, pag shauld be fil		NAME (Type) 322 E. Cecil Avenue North East, Md. 21945	
O HOSPI' Page 4 m O FUNER, directar, shauld b	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
5 5 5 p		BUNDONAL JULY 31, 1968 ELHTON CEMETERN EUNTON CE	46 199
VR A15 (4)	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIL	GNATURE
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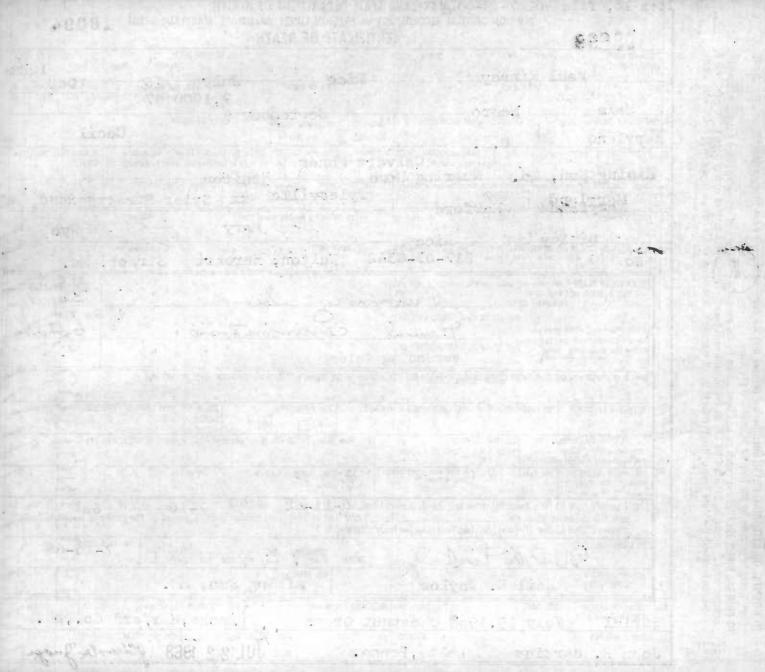
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10092 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Lost 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) P.M.3. Page CLARENCE 1968 3:40 JAMES DEATH MATED OPPEL deloy and 3 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup lost birthday) April: 23 1941 Male White 3.40: 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with form country timore, Md WIDOWED [ USA DIVORCED 8. Give Pages Ceci1 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Union Hospital Elkton Kelso Coro 13e. STREET AND NUMBER death. 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? and 2 with odmission) STATE 13b. COUNTY Balto. 2122 Lombard St in Item 1 after ( 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Earl Geroge Copel 24 Jurina Alice Lucas 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil **ADDRESS** within (Yes, no, or unknown) 214-38-9212 Herbert W. Peters 110 S Chester Street APPROXIMATE INTERVAL 5 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSEL AND GEATH forwarded to the Chief Medical withi PART I. DEATH WAS CAUSED BY: permi IMMEDIATE CAUSE (o) \_\_\_ Drowning event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . 5 and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as removal, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES ... NO T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 10.30M. 7 14 19 68 Subject drowned 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK pleose execute Water In Northeast River off Arundal Pier burial. 22a. I certify that I taak charge af the remains described above, held on Autapsy Inspection . Inquiry | ond in my opinion death resulted from: Naturalcauses Accident VV Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER \_\_\_July 14, 1968 **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) the F. Wilson, M.D. Edward BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Easter Ook Lawn Cometery 24. FUNERAL DIRECTOR THE DIPPEL BROS INC 1800 E LONBARD VR ATSMEY 10M REV. 1/68

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1	-1	MARTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		1. DECEASED-NAME First Middle Lost 2a, DATE KNOWN Month Day Year 2b, HOL
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ny delay ii 2, and 3 to 2, and 3 to 2, and 3 to 2, and 3 to 2, and 3 to 3, and 3, and		3. SEX M 4. RACE S. DATE OF BIRTH 6. AGE (In years lest birthday) 6. AGE (In years lost birthd
form 2, ny		7a. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH CECT
= 9 = 9		0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
after death 3. Give Pag along with with the	79	Eikton give street address) Thion Hosp. during most of working life even if retired.) INDUSTRY TO
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24 hours in them 13 r's Office ss land 2 rs after d	3	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost  FRUIN PASKE SR RODIA MULLINS
hin 24 ncil in niner's pages haurs		60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS F / 470 N
be executed within "pending" in pencil ief Medical Examine insit permit. File page event within 72 hau		(Yes no continuous) (If yes give word codales of service) 233=60=6437 VIGLA HEADNICK
be executed "pending" in ief Medical Esunsit permit. Fi		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
e executed pending" ii ef Medical isit permit.		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Multiple Severe Injuries Immed.  Due TO, OR AS A CONSEQUENCE OF
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auld I ward he Ch ial-tra		rise to immediate couse (a).  stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be e ne ward "per o the Chief I burial-transit		last. (c)
certificate shauld writing the ward prwarded to the Cl used as a burial-tro maval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
This certific ficate, writin be farwards d be used as or remaval,		19a. Date of Operation 19b. condition for which operation 20. Autopsy?
This certificate, writh be farwar I be used or remaval	2	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES \( \subseteq NO N
ER: This certificate auld be fees.		
XAMINER: 1 te the certific ge 4 shauld by yaur files. 'age 3 shauld crematian, on		PRIMARY FOR CONTRIBUTING 12 HOUR A.M. 7- 11 19 68 Operating motorcycle in Collision with true 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. Gity or Town County State
	7	WHILE MOT WHILE of factory, affice building, etc.)
L EXA cecute Page far yau R: Pag	07	AT WORK LIAT WORK LIKE 40 & TTE 279 11 1 1 1 CT LIVE CECT 1
ICAL E executor. Pared far CTOR: Purial,		22o. I <b>certify</b> that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, ond in my opinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
please exdirector.  please exdirector.  please exdirector.  please exdirector.		CHIEF MEDICAL EXAMINER ☐
TY y, please tral direct oe retain tAL DIRE	33	ACTUAL SIGNATURE 226. DATE SIGNED 226. DATE SIGNED
necessary, please execute the funeral director. Page 4 5 may be retained far your to FUNERAL DIRECTOR: Page Health prior to burial, crem	0	EXAMINER'S DEPUTY MEDICAL EXAMINER TO 7-11-68
O DEPUT necessary the fune 5 may b O FUNER Health	OA.	NAME (Type) O John The Byens, Pues, ADDRESS(Street, city, town, or county) Elittak, Md.
0 \$ \$ \$ 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
		24. FUNERAL DIRECTOR DE LA ADDRESS EL KTOP (250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68		PIPPIN FUNERAL HON'E MID WILL 15 1968 golianla Quin
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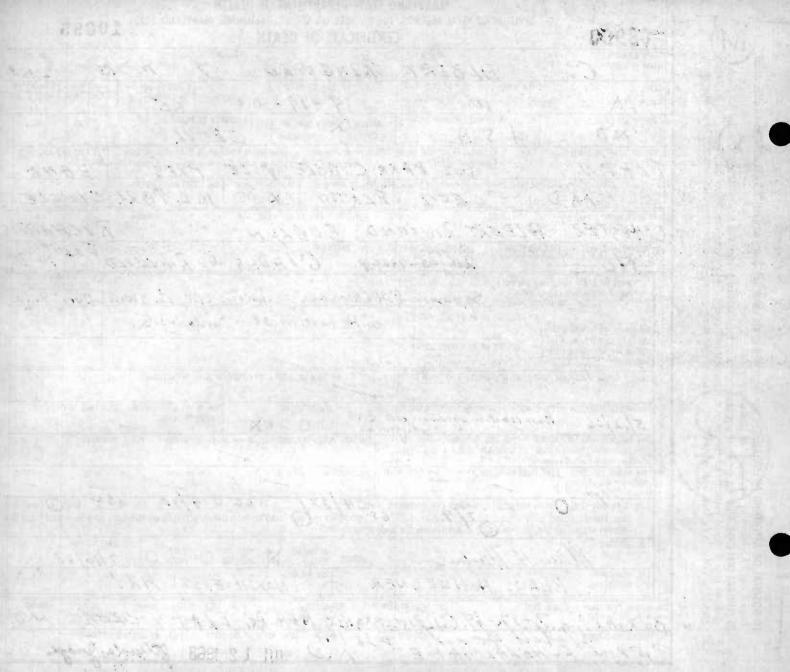
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	Lt	m 18, film 402 7-29-68 MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10094
		DEROS CERTIFICATE OF DEATH
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3 6	70.	RIRTHPLACE (State or foreign 7b (TITZEN DE WHAT COUNTRY? 8 HADDER COUNTRY OF DEATH
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the haspital or ottending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Near please remove corbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	10. (	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Calvert Manor  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
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plet cor cor ent,	13o.	
comp comp ove		ission) Naryland 13b. (OUNTY / Pylesville North Grier Nursery Road
o pu de con de c	14.	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Mary
in a ser din		110 41 4
Sician Reas	160	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOLTAL SECURITY NO.   17. INFORMANT   Address   217-03-8348   Walton, Herbert   Street, Md.
TE BEST		7 22000, 114,
13 DE E		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN QUISET AND DEATH
and nit.		PART 1. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (0)  Pulmonar edema  3 days
offe of on,		DUE TO, OR AS A CONSEQUENCE OF
t th the sit   nati		Conditions, if ony, which gove tise to immediate couse (o), (b) Deeneral commonations of month
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res /sici ned ial-t		lost. (c) Descending Colon
sign bur bur		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
w r ling sen the r to	No	[53]
la l	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4 5 4 8 4 V	RTIF	AF2 NO NO
AN: olololor or Hea		216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)    DR CONTRIBUTING   CAUSE OF DEATH   C
SIC.	MEDICAL	(If either, notify medical examiner) P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital or ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the ottending director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or re	2	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote at work of work
te C		at work of work (1) (Abia benefits) attended the decrease (1) (1) (2) by
DIN Py Afte be Sto	Н	22a. I <b>certify</b> that (I) (this haspital) attended the deceased fram 6-11-68, 19-68, ta 7-16, 19-68 that (I) (we) las saw the deceased alive an19, and that in (my) (aur) apinian death accurred an the date and haur and fram the
TEN ined buld the		causes stated abave, (I) (we) (did) (did nat) view the bady after death.
A de Signation		22b. SIGNATURE ATTENDING 35 MED. STAFF 22c. DATE SIGNED 68
OR DIRI	П	DEGREE PHYS.   DIRECTOR   PHYS.
TAL AL DOOR		22d. PHYSICIAN'S NAME (Type) Neil R. Taylor  22e. ADDRESS Rising Sun, Md.
TO HOSPITAL Poge 4 moy loo FUNERAL cdirector, pog should be fill	-	
HO Dge irec hou	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) July 19.1968 Chestnut Grove Rocks. Harford Co., Md.
5-5-5		
VR A15 (4)		
30M REV. 1/68		John H. Harkins Delta, Penna. DATE JUL 2 2 1968 gCharles Jusque



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **DECEASED-NAME** Middle First 20. DATE OF DEATH 2b. HOUR death (Type or print) Month 10 NG GOLZ 3. SEX 4. RACE 24 hours after DATE OF BIRTH 6. AGE (In years IF LINDER | YEAR IF UNDER 24 HRS. lost birthday) HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR burial, crematian, or remaval, and in ony event, with please remave carbar and campletel 13e. STREET AND NUMBER 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? requires that the death certificate be executed YES 📈 Middle MOTHER'S MAIDEN NAME First INGGOLD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN Address (If yes give war or dates of service) 16-05-7322 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Squamous C vamous Cell Cavernound the massive skin metastesis Conditions, if ony, which gove signed by the burial-transit p rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) directar, page 3 shauld be detached tar use as the shauld be filed with the State Dept. af Health prior ta far use as the 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? Hoss resection squamos CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. If either, notify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while 22a. I certify that (1) (this haspital) attended the deceased from 4/25 saw the deceased alive on 7/1968, and that inc 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (Stote) FUNERAL DIRECTOR



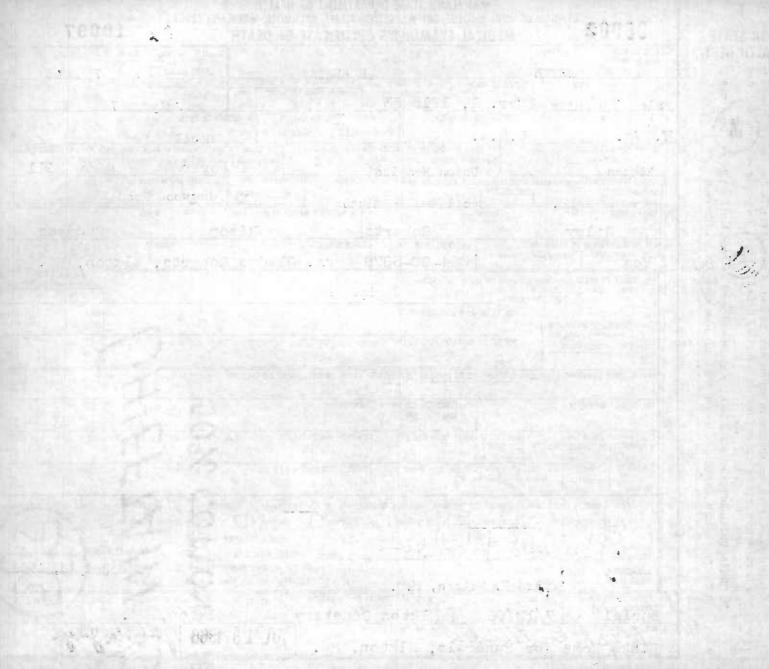
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10096 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth Year 2b. HOUR (Type or Print) ESTI-Page ARCADIA (CALDERON) RIOS DEATH MATED July 1968 delay 6. AGE (In years IF UNDER 1 YEAR 3 SFX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR pup J.3. Year Female White 43 5:35 10 1968 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH "Puerto Rico U.S.A. WIDOWED [ DIVORCED [ Cecil. Give Pages 126. KIND OF BUSINESS PRO the Stat 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done after death with during most of warking life, even if retired.) give street oddress LINDUSTRY 61 E1kton Union Hospital andenberger 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY Md Ceci1 Elkton. RD. #4 Elkton 24 haurs 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Lost First Last Rafael Rios Engracia Rodriquez .= pages haurs Chief Medical Examiner's within pencil i 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes. na. ar unknown) (If yes give war or dates of service) 580-96-3902 File APPROXIMATE INTERVAL within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Multiple traumatic injuries IMMEDIATE CAUSE (a)\_\_\_\_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). certificate shauld writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause he .= and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO TO pe 10 21g. EXTERNAL CAUSE WAS 21b, TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. PRIMARY S OR CONTRIBUTING crematian, EXAMINER: CAUSE OF DEATH P.M. Passenger in auto-auto collision 7 10 68 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 545 X279 Intersection Elkton Street Cecil. Md. burial, 22a. I certify that I tank charge of the remains described above, held an Autopsy 1. Inquiry InspectionXX and in my apinian death resulted fram: Natural causes Accident XX. Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIG NATURE July 11, 1968 DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health **EXAMINER'S** Charles S. Springate, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Alta 16,1968 Toa Alta Rico Buria. Puerto Toa, Cemetery 24. FUNERAL DIRECTOR VR A15ME (5) era Elkton. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

Lors of the state A CONTRACTOR OF THE PARTY OF TH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 20. DATE KNOWN 1. DECEASED-NAME First Month 2b. HOUR (Type or Print) ESTI-Page DEATH MATED ESTEL ROBERTS delay and 3 4. RACE 6. AGE (in years IF UNDER 24 HRS S. DATE OF BIRTH DATE PRONOUNCED DEAD 2d. HOUR last birthday) M3. Mar. 1, 1915 53 YRS White Male. 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) Va WIDOWED [ DIVORCED [ U.S.A. Pages Ceci1 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with INDUSTRY give street address) during most of working life, even if retired.) Mill E1kton Hospital
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Laborer 13d. INSIDE CITY LIMITS? ond 2 with 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO TO Dogwood Road 14. FATHER'S NAME Rilev Roberts Riedy Rundens 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, go, or unknown) 234-20-5878 Mrs. Gladys Roberts, Elkton, Md. es within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH he forworded to the Chief Medicol PART I. DEATH WAS CAUSED BY Emphysema IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (o). certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) 0 removol, CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YESXIX NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote County foctory, affice building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an AutopsyXXI, Inspection Inquiry ond in my opinion death resulted from: Noturol cousesXX Accident Suicide ! Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE July 8, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Edward F. Wilson, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) 7/10/68 Elkton, Md. Elkton Cemetery 24. FUNERAL DIRECTOR Elkton, Md. Funerals. for

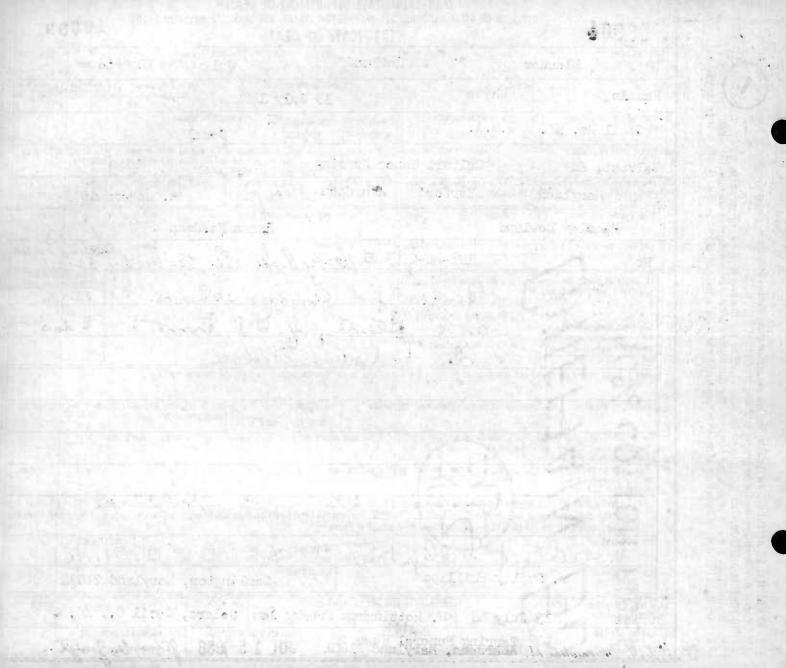
MARYLAND STATE DEPARTMENT OF HEALTH



DETART DEPT.    DETART DEPT.   BRITTERN   BR	FOR STATE	Ιt	e m#4 Film #G400 OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	098
MANUET BETTRAN RODRIGUEZ    SAR   ARCE   SAR	HEALTH DEPT.			Day Year 2b. HOUR
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To BRITHPLAKE (Pole or Foreign outlet)  To BRI	September 1	3. SI	A PACE S DATE OF RIPTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS 2c DATE PRONOLINGED DEAD	2d. HOUR
Country   Puerto Rico   U.S. &   WIDDOWED   DVOORED   Cecil   No.   City of Town of Death   11.0. KIND OF BUSINESS OR WIDDOWED   120. LUSIAL OCCUPATION (Kind of work done of IZD. KIND OF BUSINESS OR WIDDOWED   Country   City of Town of Death   11.0. KIND OF BUSINESS OR WIDDOWED   Country   City of Town of Death   City of Town   City of Country   City of Town   City of Town   City of Town   City of Country   City of Town   City of Town   City of Town   City of Country   City of Town   City of Town   City of Town   City of Country   City of Town   City of Town   City of Town   City of Country   City of Town   City of Country   City of Co	e a de	M	lale White Dec. 5, 1942 25 yrs. Marth July 1	10 Year 19 68 A
10. CITY OR TOWN OF DEATH   11. MARE OF HOSPITAL OR HISTITUTION (If not in hospital during most of working life, even if relined plays three deceased lived, if institutions residence before 12s. CITY OR TOWN   13d. exists of training to the own control file, even if relined plays three deceased lived, if institutions residence before 12s. CITY OR TOWN   13d. exists of training to the play of the plays three deceased lived, if institutions residence before 12s. CITY OR TOWN   13d. exists of training to the plays three deceased lived, if institutions residence before 12s. CITY OR TOWN   13d. exists of training to the plays three deceased lived, if institutions residence before 12s. CITY OR TOWN   13d. exists of training to the plays three deceased lived, if institutions residence before 12s. CITY OR TOWN   13d. exists of three plays t	E 4 7 4 3		SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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SELECTON   Union Hospital   SUSUAR RESIDENCE (Where deceased lived, if institutions residence before) 13. CITY OR TOWN   Dist. MORIZING TYTIMITISTS   10.5 STEET AND NUMBER	Perg lith	10. 0		
STATE   CONDITION FOR WHICH OPERATION   17. INFORMANT   18. AUDRESS	the d		Elkton Union Hospital	
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210. EXTERNAL CAUSE WAS PRIMARY TO COURED HOUR A.M. 2 P.M. 7 10 19 68  Subject driver in auto-auto collision  CAUSE OF DEATH  21d. INJURY OCCURRED Library in Port 1 or Port 2, Item 18.)  PRIMARY TO COURED HOUR A.M. 2 P.M. 7 10 19 68  Subject driver in auto-auto collision  Cause of Death  21d. INJURY OCCURRED Library in Port 1 or Port 2, Item 18.)  PRIMARY TO COURED HOUR A.M. 2 P.M. 7 10 19 68  Subject driver in auto-auto collision  County State  Street  545 X 279 Intersection Cecil Md.  22a. I certify that I toak charge af the remains described above, held an Autopsy XX Inspection Inquiry Industry I	2 2 5	CAT		THE PERSON NAMED IN
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21d. INJURY OCCURRED  WHILE AT WORK AT WORK Street  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  Street  22a. I certify that I toak charge af the remains described above, held an Autopsy XX Inspection In Inquiry and in my apinia death resulted from: Natural causes Accident XX, Suicide Industry Medical Examiner Industry Medical Examiner Industry Manuel (Type)  Charles S. Springate, M.D.  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  Charles S. Springate, M.D.  ADDRESS(Street, city, town, ar caunty)  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  Street  545 X 279 Intersection Cecil Md.  Charles S. Springate Inspection Inquiry Industry Inquiry Industry Inquiry Industry Inquiry Industry Inquiry Inqui	4-		PRIMARY 🗖 OR CONTRIBUTING 🦳 HOUR A.M.	
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22a. I certify that I took charge of the remains described above, held an Autopsy XX. Inspection, Inquiry, and in my apinial death resulted from: Natural causes, Accident XX. Suicide, Hamicide, Undetermined manner ACTUAL SIGNATURE			WHILE NOT WHILE foctory, office building, etc.)  Stroot  Stroot  Stroot  Co	ocil Md
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MARYLAND STATE DEPARTMENT OF HEALTH

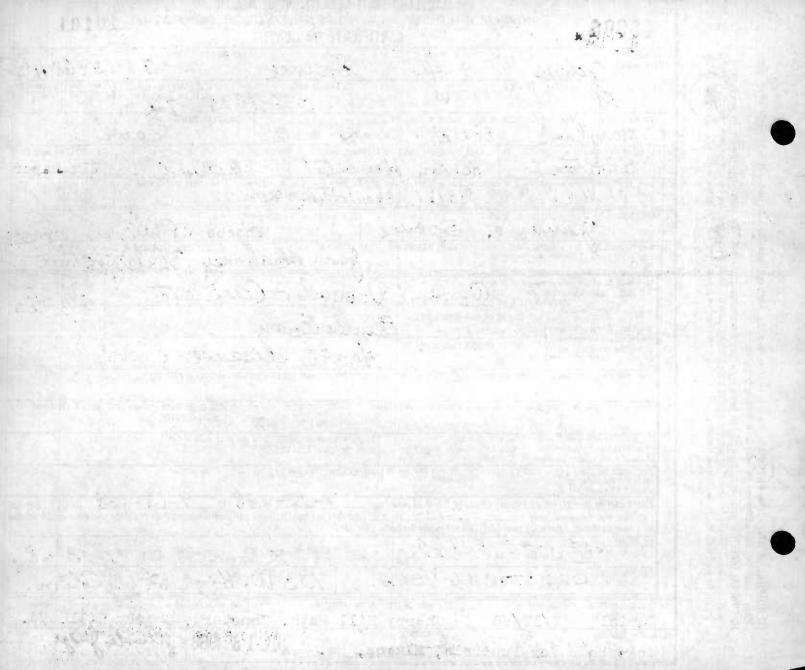
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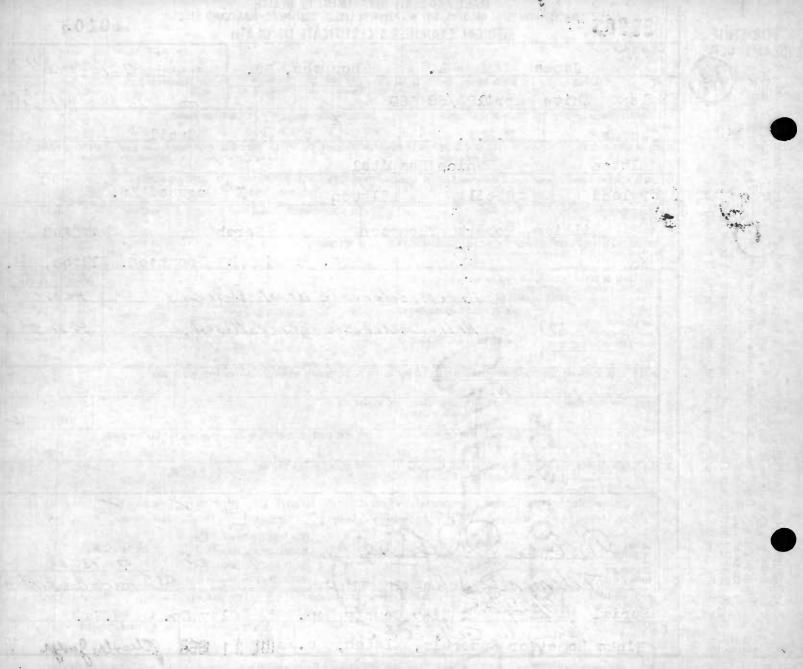
Me.	1	MARILAND STATE DEPARTMENT OF REALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10101
•	П	CERTIFICATE OF DEATH
. 2	1 0	DECEASED-NAME First Middle Clost 20. DATE OF DEATH 2b. HOUR.
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p # 88	1	10-6-1895 last birthday) YRS. MONTHS DAYS HOURS MIN.
and and	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the hospital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then theore remove carban papers. Adges and 2 should be detached for use burial, crematian, ar remaval, and in ady event, within 72 haurs that the state Dept. of Health priar to burial, crematian, ar remaval, and in ady event, within 72 haurs that the state Dept.	COU	Maryland 65A. WIDOWED DIVORCED [ Cecil. Md.
ille ille	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ) 120. USUAL OCCUPATION (Kind of work done   12b. KIND OF BUSINESS OR
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lete carl		USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. FITY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
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9 6 3 4		James P. Spance Phoebe Phoebe
ate b and i	160	1. WAS DECEASED EXPR IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT // Address/
nysi al		Yes, no ar unknown) (If yes give war or dates of service) Jean Mahoney . Mosk of Street
that the death certifi an. by the attending phy transit permit. Then crematian, ar remava		ADDD/AVIMANT INTEDUAL
ie death ce attending permit. Th		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH
enc ar		IMMEDIATE CAUSE (a) Corebral Gascards Cuccuted 51
att att		DUE TO, OR AS A CONSEQUENCE OF O
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equires physici signed burial-t burial-t		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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aw rending been the the arto	100	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The law recal area at a strenging price has been star use as the beath Health prior to be	CERTIFICATION	YES NO NO CAUSES OF DEATH?
The rate of the ra	ERT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
al or contract for Hear		TO OR CONTRIBUTING TICAUSE OF DEATH HOUR A.M. Month Day Year
District poly	MEDICAL	(If either, natify medical exominer) P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	2	21d. INJURY OCCURRED While Nat while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. City ar Tawn County State
the det and e D		at wark at wark
by frer be Stat		22a. I certify that (I) (this haspital) attended the deceased from 12-1960, ta 7-1968, that (I) (we) last
ed led led le She She She She She She She She She Sh	1	22a. I certify that (I) (this haspital) attended the deceased from 1960, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
Fig. 6		22b. SIGNATURE 22c. DATE SIGNED
OR ATTEND be retained DIRECTOR: A je 3 should ed with the 8	П	Cristobal Vela, DEGREE PHYS. MED. STAFF DIRECTOR
D d peg		DOL DIVERGIANCE
TO HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) CRISTOBAL VELA. 123 W. High St. Colton.
OSF JNE ctai	22	1. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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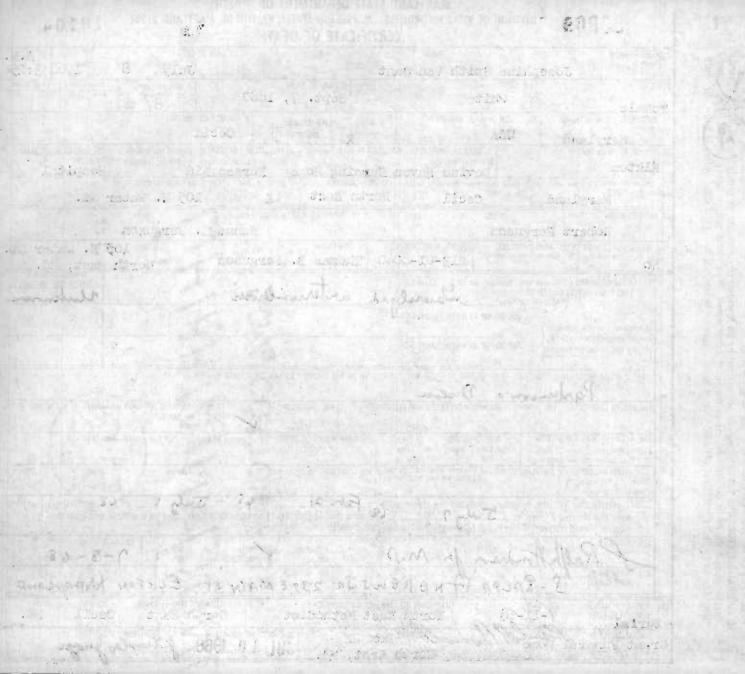


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10102 09987 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY CECIL b. COUNTY CECIL MARYLAND executed within 24 hours after b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. rus write RURAL and give neorest town) 4 YRS RISING SUN NORTH d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE event, within 72 ON A FARM? filled i S. QUEEN PRATTS NURSING HOME NO K NAME OF Middle First Lost 4. DATE Doy Year DECEASED STEPHENSON SUSANNA MAY JULY 30 19 68 (Type or print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) NOV. 28, 1878 Months WHITE WIDOWED 🔀 DIVORCED 89 yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY HOME during most of working life, even if retired) COUNTRY? NORRISTOWN. PENN U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayol, GORRELL POTTS EMMA WALTER requires that the death cer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 0 217-48-2870 MARJORIE POIST RISING SUN MO cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH antun soulcation IMMEDIATE CAUSE (o) p DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or oftending TO FUNERAL DIRECTOR: After this certificate has been prior to os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO YES -Por 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 19 that (1) (we) last 7-17 19 6 T. ta 7-30 21. I certify that (this haspital) attended the deceased fram\_ 19 6 and that death accurred at 10 . M, fram causes and an the date stated abave. - 29 saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. director, poge should be filed 22d. ADDRESS 22c. PHYS 230. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) ROCK RUN HAVRE DE GRACE, HARFORD, MO 25h REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR M. REED , VR A15 (4) 25M 1/67 RISING SUN, M.D. 1968 DATE AUG 2

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10103 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH DEPI I. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR delay and 3 to Page (Type or Print) ESTI-12:30 James Thompson. Sr. DEATH MATED 3. SEX 4. RACE IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. Yeor White Male April23/88 80 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Canada WIDOWED [ DIVORCED [ Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital alang with 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Hos pital during most of working life, even if retired.) INDUSTRY Elkton 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. FOUNTY & 7 Dogwood Rd. YES NO X Elkton and 2 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Middle William Robert Thompson Sarah Thompson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Bessie Mae Thompson. Elkton No APPROXIMATE INTERVAL 5 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. should be farwarded to the Chief Medical with PART I. DEATH WAS CAUSED BY Arterioseleratic Heart Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF burial-transit Arteriosclerosis, generallized Conditions, if ony, which gove rise to immediate cause (a). shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) None remaval 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [7] NO Z pe 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) NOT WHILE -AT WORK \_\_\_ AT WORK 220. I certify that I took charge af the remains described above, held an Autapsy ... Inspection 1 Inquiry | and in my apinion director. Suicide [ death resulted fram: Natural causes 21. Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 7-16-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county)/23 Sincerly A.d. Elhton the BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) REMOVAL (Specify)
Burial Clay County Cem. Clay Co 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Funerals Elkton. Md . DATE for 10M REV. 1/68





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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